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ORM HCFA-179 (07-92) Instructions on Back	

and the Assessment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: WASHINGTON					
D.	INCOME LEVELS (Continued) MEDICALLY NEEDY					
<u>x</u>	Applicable to all groups. Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.					
(1) Family Size	(2) Net income level protected for maintenance for 3 or 6 months	(3) Amount by which Column (2) exceeds limits specified in CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas formonths	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}		
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TN # <u>01-006</u> Supersedes: TN # <u>00-003</u>

Approval Date: 3-27-01

Effective Date:

1/1/01

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.